

289745

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Certificate from
Priority One Delivery and Transportation, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2020 - 29 - 1

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Craig Felder

Telephone: 703-659-7408

Address: 25 Broken Arrow Ct

Fax: 571-418-0040

Blythewood SC 29016

Other:

Email: cfelder@priorityonedntservice.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED
JAN 21 2020
PSC SC
CLERK'S OFFICE

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: January 19, 2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Priority One Delivery and Transportation, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

25 Broken Arrow Ct Blythewood, SC 29016

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

703-659-7408

Phone

571-418-0040

Fax

cfelder@priorityonedntservice.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Craig Felder 10319 Massie St #302 Manassas VA 20110

Anthony N Willingham 10319 Massie St #302 Manassas VA 20110

Precious T Gilliam 25 Broken Arrow Ct Blythewood, SC 29016

Michael T Gilliam 25 Broken Arrow Ct Blythewood, SC 29016

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	0	Loans Owed on Motor Vehicles	0
Cash on Hand	3,500	Business/Other Loans Owed	0
Cash in Bank		Other Liabilities or Debts	0
Value of Other Assets and Equipment		Total Liabilities	0
Total Assets	3,500		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Ambulatory Rates:

Base Rate: \$10.00 and \$3.00 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
CHRYSLER	2015 300	2C3CCAAG6FH849063	4,029	
DODGE	2016 DURANGO	1C4RDJAG6GC468207	4,756	

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Priority One Delivery and Transportation, LLC

Name of Applicant

25 Broken Arrow Ct Blythewood, SC 29016

Address of Applicant

Amount of Premium:

Liability Insurance \$ \$1,000,000 *see quote*

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	\$1,000,000
Medical Payments per Person	\$ 1,000	\$5,000

American Service Insurance Company, Inc.

Name of Insurance Company

953 American Lane 3rd Floor Schaumburg, IL 60173

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Craig Felder | Announcements(1) | Logout

Account Details

[Print](#) [Invoice](#) [Email](#)

Agent

SOVEREIGN RISK SOLUTIONS, LLC
1640 POWERS FERRY RD SE
BLDG 28
MARIETTA, GA 30067-1425
Tel: (678) 996-3400
Fax: (678) 996-3401

Insured

[Edit](#)

PRIORITY ONE
10432 BALLS FORD RD SUITE 300
MANASSAS, VA 20109
Tel: (703) 463-2543
Cancellation Warning Email: cfelder@priorityonedntservice.com
Web Registered: cfelder@priorityonedntservice.com
Agt. Cust. #PRIOONE-06

Account Data Display

[Pay Now](#)

Acct #
Accepted: 06/12/2019
APR: 21.500 %
First Pymt: 07/11/2019
Next Pymt: 01/11/2020
Maturity: 03/11/2020
Received: 6 of 9
Installment Amt: \$1,037.99
Late Charge: \$51.90 NSF
Charge: \$0.00 Default
Charge: \$0.00

Current: \$
Principal: \$
Unearned: \$177.69
Credit: \$0.00
Bill: Invoice
Type: Commercial
Broker Fee: \$0.00
Check Charge: \$0.00

[APs](#)

[Disbursements](#)

[Due Now](#)

[Mailings](#)

[Pymt Schedule](#)

[Policies](#)

[Transaction History](#)

Type	Accepted	Premium	First Payment
Original Account	06/12/2019	10,280.36	07/07/2019
AP	12/04/2019	4,000.00	01/11/2020

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Craig Felder | Announcements(1) | Logout

Account Details[Print](#) [Invoice](#) [Email](#)**Agent**

SOVEREIGN RISK SOLUTIONS, LLC
1640 POWERS FERRY RD SE
BLDG 28
MARIETTA, GA 30067-1425
Tel: (678) 996-3400
Fax: (678) 996-3401

Insured[Edit](#)

PRIORITY ONE
10432 BALLS FORD RD SUITE 300
MANASSAS, VA 20109
Tel: (703) 463-2543
Cancellation Warning Email: cfelder@priorityonedntservice.com
Web Registered: cfelder@priorityonedntservice.com
Agt. Cust. #PRIOONE-06

Account Data Display[Pay Now](#)

Acct #:
Accept
APR: 21.500 %

Current: \$3,113.97
Principal: \$2,936.28
Unearned: \$177.69
Credit: \$0.00

First Pymt: 07/11/2019
Next Pymt: 01/11/2020
Maturity: 03/11/2020
Received: 6 of 9
Installment Amt: \$1,037.99

Bill: Invoice
Type: Commercial

Late Charge: \$51.90 NSF
Charge: \$0.00 Default
Charge: \$0.00

Broker Fee: \$0.00
Check Charge: \$0.00

[APs](#)[Disbursements](#)[Due Now](#)[Mailings](#)[Pymt Schedule](#)[Policies](#)[Transaction History](#)

Payment #	Amount	Due Date	Paid Date
1	1,037.99	07/11/2019	08/05/2019
2	1,037.99	08/11/2019	09/03/2019
3	1,037.99	09/11/2019	10/01/2019
4	1,037.99	10/11/2019	10/31/2019
5	1,037.99	11/11/2019	12/02/2019
6	1,037.99	12/11/2019	12/26/2019
7	1,037.99	01/11/2020	
8	1,037.99	02/11/2020	
9	1,037.99	03/11/2020	

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1. Go to www.hellofax.com/HighRes
2. Login or create a HelloFax account

3. Enter Access Code:

A rectangular box with a black border, intended for entering an access code. It contains some faint, illegible markings.

Exhibit Fit, Willing, and Able (FWA)

Priority One Delivery and Transportation, LLC
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

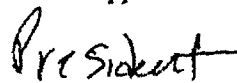
Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

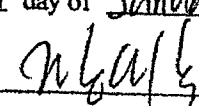
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

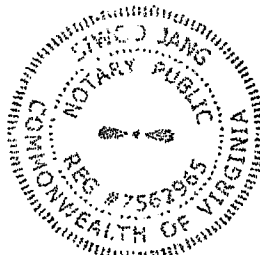


Applicant's Signature



Title of Applicant (e.g. President, Owner, etc.)

STATE OF VIRGINIA)
COUNTY OF Prince William)
SWORN TO BEFORE ME
This 20th day of January, 2020

Notary Public
Commission Expires 04/30/2021



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Priority One Delivery and Transportation, LLC, a limited liability company duly organized under the laws of the State of Virginia, and issued a certificate of authority to transact business in South Carolina on January 17th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-1006, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 17th day
of January, 2020.


Mark Hammond, Secretary of State

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

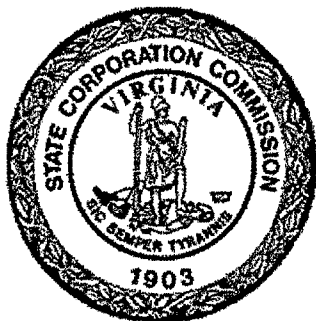
I Certify the Following from the Records of the Commission:

That Priority One Delivery and Transportation, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on March 28, 2018; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

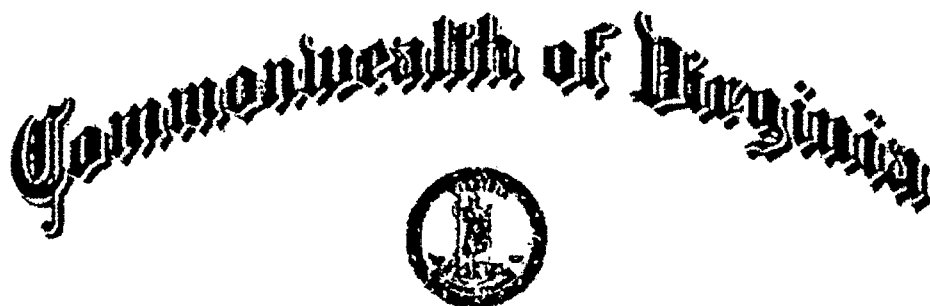


Signed and Sealed at Richmond on this Date:

January 17, 2020

Joel H. Peck

Joel H. Peck, Clerk of the Commission



STATE CORPORATION COMMISSION

Richmond, March 28, 2018

This is to certify that the certificate of organization of

Priority One Delivery and Transportation, LLC

was this day issued and admitted to record in this office and that the said limited liability company is authorized to transact its business subject to all Virginia laws applicable to the company and its business. Effective date: March 28, 2018



State Corporation Commission

Attest:

Joel H. Heck
Clerk of the Commission

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

AT RICHMOND, MARCH 28, 2018

**The State Corporation Commission has found the accompanying articles submitted on behalf of
Priority One Delivery and Transportation, LLC**

**to comply with the requirements of law, and confirms payment of all required fees. Therefore, it
is ORDERED that this**

CERTIFICATE OF ORGANIZATION

**be issued and admitted to record with the articles of organization in the Office of the Clerk of the
Commission, effective March 28, 2018.**

STATE CORPORATION COMMISSION

By

**Mark C. Christie
Commissioner**

SCC eFile

**ARTICLES OF ORGANIZATION
OF
PRIORITY ONE DELIVERY AND TRANSPORTATION, LLC**

The undersigned, pursuant to Chapter 12 of Title 13.1 of the Code of Virginia, states as follows:

1. The name of the limited liability company is Priority One Delivery and Transportation, LLC.
2. The purpose for which the limited liability company is formed is to engage in any lawful business, purpose or activity for which a limited liability company may be formed under the Virginia Limited Liability Company Act.
3. The name of the limited liability company's initial registered agent is United States Corporation Agents, Inc. The initial registered agent is a foreign stock corporation authorized to transact business in Virginia.
4. The address of the limited liability company's initial registered office, which is identical to the business office of the initial registered agent, is 1900 CAMPUS COMMONS DRIVE, STE 100, RESTON, VA 20191. The initial registered office is located in Fairfax County, Virginia.
5. The address of the limited liability company's principal office where the records of the limited liability company are to be kept is 5208 Chippewa Pl, Alexandria, VA 22312.

ORGANIZER:

/s/ Cheyenne Moseley Date: March 28, 2018
Cheyenne Moseley

Fax

From

Priority One Delivery and
Transportation, LLC

To

Public Service Commission
& Office of Regulatory
Staff

Number of pages

15

Message

Good Morning,

Please see our attached Class C Non-Emergency
Application.

Very Respectfully,

Craig B. Felder

President

Priority One Delivery and Transportation, LLC

Comm: (703) 659-7408

Fax: (571) 418-0040

Email: cfelder@priorityonedntservice.com

"The Marines have landed and the situation is well
in hand." - Richard Harding Davis